IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/938,533

Applicant : MÜLLER, ET AL. Filed : AUGUST 27, 2001

Title : AT LEAST PARTIALLY IMPLANTABLE HEARING SYSTEM

Art Unit : 3736

Examiner : FOREMAN, JONATHAN M.

Atty Docket No. : COCH-0183-US1

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The below-identified communication(s) is (are) submitted in the above-captioned application or proceeding:

Patent Fee Transmittal for FY 2007/w/dup. (1 page w/dup.)

Credit Card Payment Form (1 page)

Respectfully submitted,

Michael G. Verga

Registration Number 39,410 Customer Number: 22,506

(703) 563-2005

JAGTIANI + GUTTAG

Democracy Square Business Center 10363-A Democracy Lane Fairfax, Virginia 22030 (703) 591-2664

April 23, 2007

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together an applicable fee(s), to: Mail Mail Stop ISSUE FEE
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	X	ATTORNEY DOCKET NO	D. CONFIRMATION NO.		
09/938,533	08/27/2001		Gerd M. Muller		COCH-0183-US1	2799		
APPLN, TYPE					· · · · · · · · · · · · · · · · · · ·			
LL	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) D	DUE DATE DUE		
nonprovisional	NO	\$1400	\$300	\$0	\$1700	05/07/2007		
EXAM		ART UNIT	CLASS-SUBCLASS]				
FOREMAN, JONATHAN M 3736 1. Change of correspondence address or indication of "Fee Address" (37)			600-025000					
CFR 1.363). Change of corresponded correspo	ndence address (or Cha /122) attached.	n of "Fee Address" (37 inge of Correspondence Indication form ind. Use of a Customer	(1) the names of up to or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attorney.	Por printing on the patent front page, list 1) the names of up to 3 registered patent attorneys r agents OR, alternatively, 2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is sted, no name will be printed.				
(A) NAME OF ASSIG	69 an assignce is ident in 37 CFR 3.11. Comp NEE	A TO BE PRINTED ON T ified below, no assignee eletion of this form is NO	THE PATENT (print or typedata will appear on the part a substitute for filing and (B) RESIDENCE: (CITY	atent. If an assigne	17 YPOLITE2 00008014 of is identified below, the 11 12 13 14 15 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	09938533 e document has been filed fo 1489.00 CP 309.60 CP		
	ear Limited		Lane Cove	•				
Please check the appropria	te assignee category or	categories (will not be pr	inted on the patent):	Individual 🗶 Cor	poration or other private	group entity Governmen		
4n The following fee(s) ar Issue Fee Publication Fee (No Advance Order - # 6	small entity discount p	ermitted)	. Payment of Foe(s): (Please A check is enclosed. Payment by credit care The Director is hereby overpayment, to Depos	d. Form PTO-2038 authorized to charg	is attached.	·		
5. Change in Entity Statu a. Applicant claims:			Dr. Carrier					
NOTE: The Issue Fee and	Publication Fee (if requ	ired) will not be accepted	b. Applicant is no long from anyone other than th	er claiming SMALI e applicant: a regist	ENTITY status, Sec 37	CFR 1.27(g)(2). the assignee or other party in		
Authorized Signature	ords of the United Stat	es Patent and Trademark	Office.		Appl 2007	and analysis of this party is		
	<u> </u>	/erga		Registration No	39,410			
This collection of information confidential	ion is required by 37 CI	R 1.311. The information	is required to obtain or re	tain a benefit by the	public which is to file (a	nd by the USPTO to process)		

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Patent Fee Transmittal for FY 2007

Applicant(s) Claims Small Entity Status 37 C.F.R. 1.27

TOTAL AMOUNT OF PAYMENT

\$1,700.00

Application No. Filing Date Named Inventor Examiner Name Art Unit

Attorney Docket No.

09/938,533 27-Aug-01 MULLER, et al. MULLER, et al.
FOREMAN, Jonathan

APR % 5 Z007

COCH-0183-US1

Application Type	FEE CALCULATION									
Basic 1011 300 2011 150 5	I. Filing Fees Large Entity Small Entity 2. Extra Claim Fee									
Design Examination 1311 200 2311 200 231 250 5 1/20 230	Application Type	Description	Code (\$)	Code	(\$)	Paid	a. Claims as Filed Extra	Large Entity	Small Enti	ty
Search 111 500 211 250 5		Basic	1011 30	0 2011	150	\$ -	Claims	Code (\$) Code	(\$) Paid
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Search 1112 100 2112 50 \$		Basic	1012 20	0 2012	100	\$ -	Multiple Dependent	1203	360 2203	180 \$ -
Plant	Design	Examination	1312 13	0 2312	65	\$ -	b. Claims as Amended			
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Search 1314 500 2314 250 \$ \$ \$ \$ \$ \$ \$ \$ \$		Basic	1014 30	0 2014	150	\$ -	First Presentation of Multiple Dependent	1203	360 2203	180 \$ -
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METHOD OF PAYI	MENT (Check all that apply)	Submitted by:					
✓ Credit Card (Provide credit car	Name	Michael G. Verga	Michael G. Verga Reg. No.				
Deposit Account No.	10-0233-COCH-0183-US1	Firm Jagtiani + Guttag					
<u>1</u>	10-0233-00011-0103-031	Address	10363-A Democracy Lane, Fairfax VA 22030				
For the above-identified deposit account, the Director is hereby authorized to: To charge the above-identified fee.		Telephone	703.591.2664	Fax	Fax 703.591.5907		
To charge any additio	nal fees which may be required under 37 CFR and 1.492 or credit any overpayment to the	Signature			April 23, 2007 Date		
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Revised 01-2006

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